



# CITY OF WEST COVINA

## Transient Occupancy Tax (TOT) Exemption Claim Detail Form for Occupancies OVER 29 Days

This form is to be used if claiming multiple tax exemptions for persons occupying rooms for more than 29 days and must be remitted with the Quarterly TOT return. Please note the transient **must pay tax for the first 29 days of occupancy unless a long-term rental contract exists**. The TOTAL DOLLAR AMOUNT claimed on this form MUST EQUAL the DOLLAR AMOUNT DEDUCTED on LINE ITEM #2 of the TAX RETURN FORM.

ESTABLISHMENT NAME \_\_\_\_\_

REPORTING PERIOD (MM / YYYY) \_\_\_\_\_

Tax Exempt Guest Name	Dates of Occupancy		# of Exempt Days	Avg. Daily Room Rate	Exemption Amount
	From	To			
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

**TOTAL EXEMPTION AMOUNT**

**(Enter on Line 2 of Quarterly Tax Return) \$ \_\_\_\_\_**

I certify and declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Owner or Agent

\_\_\_\_\_  
Date